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JAN 27 2006

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/694,978
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Art Unit	1646
		Examiner Name	P.M. Mertz
Total Number of Pages In This Submission	13	Attorney Docket Number	DX0904KB1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (11 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	<i>Sheela Moh. Pet</i>
Date	27-Jan-2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO, Fax Number (571) 273-8300, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.			
Typed or printed	Melanie Lyons		
Signature	<i>Melanie Lyons</i>	Date	1-27-06

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2005</h2>		Complete if Known IAN 27 2006	
		Application Number	10/694,978
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Examiner Name	P.M. Mertz
		Art Unit	1646
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	DX0904KB1
TOTAL AMOUNT OF PAYMENT	(\$ 0)		

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Other ☐ None
☒ Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments ☒ Credit any overpayments
 of fee(s) under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 7 - 20 or HP = 0 x 0 = 0
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims 1 - 3 or HP = 0 x 0 = 0
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>7</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4. OTHER FEE(S)

Other: _____

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Sheela Mohan-Peterson	Registration No.	41,201
Signature	<i>Sheela Mohan-Peterson</i>	Telephone	1-650-496-6400
		Date	27-Oct-2006

Appl. No. 10/694,978
Amdt. dated January 27, 2006
Reply to Office action of 10/27/2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 27 2006

In re application of:

Jacqueline C. TIMANS

Application No.: 10/694,978

Filed: October 27, 2003

For: IL-1-LIKE CYTOKINE
ANTIBODIES (as amended)

Examiner: P.M. MERTZ

Art Unit: 1646

Conf. No.: 4528

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facsimile to the U.S. Patent and Trademark Office, Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,
Fax Number (571) 273-8300, on 1-27-06.

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

by:


MELANIE LYONS**AMENDMENT AND RESPONSE**

Honorable Sir:

In response to the Office action dated October 27, 2005, Applicant submits the
following amendment and response. Reconsideration is respectfully considered.

Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.**Amendments to the Claims** are reflected in the listing of claims that begins on
page 3 of this paper.**Remarks/Arguments** begin on page 6 of this paper.